OKLAHOMA Health Care Authority

SoonerSelect | aetna

State of Oklahoma
SoonerCare
Tasigna® (nilotinib) Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____

Drug Information

Pharmacy Billing (NDC: _____***) Start Date (or date of next dose):*** _____

Dose: _____ ***Regimen:*** _____

Pharmacy Information

Pharmacy NPI: _____ ***Pharmacy Name:*** _____

Pharmacy Phone: _____ ***Pharmacy Fax:*** _____

Prescriber Information

Prescriber NPI: _____ ***Prescriber Name:*** _____

Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Specialty:*** _____

Criteria

For Initial Authorization *(Initial approval will be for the duration of 6 months)*:

1. Please indicate the diagnosis and information:

☐ **Chronic Myeloid Leukemia (CML)**

A. Newly diagnosed chronic, accelerated, or blast phase CML? Yes☐ No☐

B. Philadelphia Chromosone Positive (Ph+) CML chronic phase (CP) resistant or intolerant to prior tyrosine kinase inhibitor (TKI) therapy? Yes☐ No☐

C. Post-hematopoietic stem cell transplant? Yes☐ No☐

☐ **Philadelphia Chromosome Positive (Ph+) Acute Lymphoblastic Leukemia (ALL)**

A. Used as upfront therapy (including induction and consolidation) in combination with multi-agent chemotherapy or as a single agent? Yes☐ No☐

B. Used as maintenance therapy including any of the following? Yes☐ No☐

- ☐ As a single agent and unfit for additional therapies
- ☐ As a single agent and previously received blinatumomab plus a tyrosine kinase inhibor (TKI)
- ☐ In combination with vincristine and prednisone, with or without methotrexate and mercaptopurine
- ☐ Post-hematopoietic stem cell transplant

C. Used as a single agent or in combination with multi-agent chemotherapy for relapsed/refractory disease? Yes☐ No☐

D. Does member have any of the following mutations of BCR-ABL1: T315I, Y253H, E255K/V, F359V/C/I or G250E? Yes☐ No☐

☐ **Soft Tissue Sarcoma-Gastrointestinal Stromal Tumors (GIST)**

A. Used as single agent for gross residual disease (R2 resection), unresectable primary disease, tumor rupture, or recurrent/metastatic disease? Yes☐ No☐

B. Does member have progressive disease and has failed imatinib, sunitinib, regorafenib, and standard dose ripretinib? Yes☐ No☐

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.

OKLAHOMA Health Care Authority

State of Oklahoma
SoonerCare
Tasigna® (nilotinib) Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____

Criteria

For Initial Authorization: *(continued)*

1. Please indicate the diagnosis and information:
   - ☐ **Other:** _____

Additional Information: _____

_____

_____

_____

For Continued Authorization:

1. Date of last dose: _____
2. Does member have any evidence of progressive disease while on nilotinib? Yes☐ No☐
3. Has the member experienced any adverse drug reactions related to nilotinib therapy? Yes☐ No☐
   If yes, please specify adverse reactions: _____

Additional Information: _____

_____

_____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

Fax completed prior authorization request form to 888-601-8461 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at AetnaBetterHealth.com/Oklahoma.	CONFIDENTIALITY NOTICE *This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*